



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
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Canada

Tel (613) 632-5200  
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**D4022-041**  
**Job Sheet 184174**



006404

Part No: D4022-041

Job Qty: 3 ea

Part Name: Fuel Transfer Pump Assembly



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/31/18

Job Tracking No:

Due Date: 10/31/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: IPP rev A 10.02.02 new issue Prelim EC verified by:DD IPP Rev:B 10.05.17 as per ECN10-562 DD verf:EC  
IPP REV:C 11.11.22 PER ECN11-665 DD VERF:EC IPP REV:D 12.02.08 replace AN818-6D for AN815-6D  
DD VERF:JLM IPP REV:E 17.10.19 AS PER DWG REV.D DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off        |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-----------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                 |
| 90    | Start up Operation | 3 Ea  | 10/31/18   | 10/31/18 | 0.00      | 0.00    | Start Up Small Fab-3  |           | Smb             |
| 100   | Small Fab          | 3 pcs | 10/31/18   | 10/31/18 | 0.00      | 1.26    | Small Fab-5           |           | Smb DAS         |
| 110   | QC                 | 3 pcs | 10/31/18   | 10/31/18 | 0.00      | 0.00    | QC5                   |           | 38              |
| 120   | Packaging          | 3 pcs | 10/31/18   | 10/31/18 | 0.00      | 0.00    | Packaging3-2          | 5/24/5    | 9-00            |
| 130   | QC21-SA            | 3 Ea  | 10/31/18   | 10/31/18 | 0.00      | 0.00    | QC21                  |           | NOV 15 2018 DAS |

Part Op 100 - 1- As per note 10 remove and discard red blanking plug and install D5540-1, torque bolt as per dwg. 2- Assemble as  
Descriptions: per dwg D4022 3- Use Metal set A4 in location shown batch: m11439 4- O-ring Lub as per dwg

batch: PO 38681

DAS

21

9-00

NOV 15 2018

### Job BOM

| Part / Item | Component Name                  | Quantity     | Operation             | Container      |
|-------------|---------------------------------|--------------|-----------------------|----------------|
| AN815-6D    | Union M Flare <u>ST306</u>      | 6 Ea (2 ea)  | 90-Start up Operation | <u>S107141</u> |
| D4022-1     | Fuel Transfer Pump <u>ST045</u> | 3 Ea (1 ea)  | 90-Start up Operation | <u>S121450</u> |
| D4022-5     | Thermal Switch <u>GA130</u>     | 3 Ea (1 ea)  | 90-Start up Operation | <u>S036995</u> |
| MS29512-06  | O-Ring <u>ST168</u>             | 6 pcs (2 ea) | 90-Start up Operation | <u>S089296</u> |
| D5540-1     | Breather Vent <u>ST074</u>      | 3 Ea (1 ea)  | 90-Start up Operation | <u>S122100</u> |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN815-6D       | 6        | 27        | 0         |
|                       | D4022-1        | 3        | 0         | 0         |
|                       | D4022-5        | 3        | 11        | 0         |
|                       | D5540-1        | 3        | 5         | 0         |
|                       | MS29512-06     | 6        | 87        | 0         |

### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                          |                                           | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>       | Water Jet <input type="checkbox"/>          | Engineering <input type="checkbox"/>      | Machining <input type="checkbox"/>        | Small Fab <input type="checkbox"/>          | Prod. Eng. Coord. <input type="checkbox"/>     | Quality <input type="checkbox"/>             | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>            | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>                 | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/>      | Supplier <input type="checkbox"/>               |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |
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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small; margin: 0;">1210 Alderbrook Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 613 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> <p style="font-size: x-small; margin: 0;"><b>LAKI</b><br/>AEROSPACE</p> <p style="font-size: small; margin: 0;">Container No: S126898</p> <p style="font-size: small; margin: 0;">Part: D4022-041</p> <p style="font-size: small; margin: 0;">Job No: 184174</p> <p style="font-size: small; margin: 0;">Serial No/Batch: S126898</p> <p style="font-size: small; margin: 0;">Revision: D</p> <p style="font-size: small; margin: 0;">Inspector: _____</p> <p style="font-size: small; margin: 0;">Exp Date: _____</p> <p style="font-size: small; margin: 0;">Instructions: Various STC's</p> <p style="font-size: small; margin: 0;">Date: 11/12/18</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: small; margin: 0;">1210 Alderbrook Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 613 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> </div> </div>                                                                                                                                                                                                                                                    |                                                                                                                                                                                    | Lead hand / Supervisor<br>Approval Verification<br><br>_____                                                                                                                                                                                                                                                                                                                                                               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border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Pressure/Forced</td> <td style="border: none;"><input type="checkbox"/> Temperature/Cure</td> <td style="border: none;"><input type="checkbox"/> Power Loss/Surge</td> <td style="border: none;"><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bending</td> <td style="border: none;"><input type="checkbox"/> Set-up</td> <td style="border: none;"><input type="checkbox"/> Folio/Program</td> <td style="border: none;"><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Centre Not Concentric</td> <td style="border: none;"><input type="checkbox"/> BOM/Route</td> <td style="border: none;"><input type="checkbox"/> Grain</td> <td style="border: none;"><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cracks</td> <td style="border: none;"><input type="checkbox"/> Broken/Damage/Defect</td> <td style="border: none;"><input type="checkbox"/> Weld</td> <td style="border: none;"><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td> <td style="border: none;"><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td style="border: none;"><input type="checkbox"/> Wrong Stock Pulled</td> <td style="border: none;"><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cuffs</td> <td style="border: none;"><input type="checkbox"/> Contamination</td> <td style="border: none;"><input type="checkbox"/> Out of Sequence</td> <td style="border: none;"><input type="checkbox"/> Part Moved</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Crushing</td> <td style="border: none;"><input type="checkbox"/> Countersink</td> <td style="border: none;"><input type="checkbox"/> Off-set</td> <td style="border: none;"><input type="checkbox"/> Drawing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Heat Treat</td> <td style="border: none;"><input type="checkbox"/> Cut Too Short</td> <td style="border: none;"><input type="checkbox"/> Mislabeled</td> <td style="border: none;"><input type="checkbox"/> Finish</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Wave/Twist in Tube</td> <td style="border: none;"><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td style="border: none;"><input type="checkbox"/> Fit/Function</td> <td style="border: none;"><input type="checkbox"/> Misread</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marks/Chatter</td> <td style="border: none;"><input type="checkbox"/> Drill Holes</td> <td style="border: none;"><input type="checkbox"/> Misaligned/off center</td> <td style="border: none;"><input type="checkbox"/> Turning Sequence</td> </tr> </table> |                                               | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending            | <input type="checkbox"/> Set-up           | <input type="checkbox"/> Folio/Program    | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route           | <input type="checkbox"/> Grain         | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Cracks              | <input type="checkbox"/> Broken/Damage/Defect  | <input type="checkbox"/> Weld          | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Equipment</td> <td style="border: none;"><input type="checkbox"/> Supplier</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Handling/Pre</td> <td style="border: none;"><input type="checkbox"/> Training</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Material</td> <td style="border: none;"><input type="checkbox"/> Use for Testing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Internal Transport</td> <td style="border: none;"><input type="checkbox"/> Poor Information</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tribal Knowledge</td> <td style="border: none;"><input type="checkbox"/> Rushing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LOA</td> <td style="border: none;"><input type="checkbox"/> Product Improvement</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Substation</td> <td style="border: none;"><input type="checkbox"/> Process Improvement</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Past Expiry Date</td> <td style="border: none;"><input type="checkbox"/> Manufacturing Process</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Misidentified</td> <td style="border: none;"><input type="checkbox"/> Past Due</td> </tr> </table> |                                                                                                                                                                                    | <input type="checkbox"/> Equipment                                                                                                                                                                                                                                                                                                                                                                                 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       | <input type="checkbox"/> LOA                   | <input type="checkbox"/> Product Improvement | <input type="checkbox"/> Substation    | <input type="checkbox"/> Process Improvement  | <input type="checkbox"/> Past Expiry Date    | <input type="checkbox"/> Manufacturing Process | <input type="checkbox"/> Misidentified | <input type="checkbox"/> Past Due       | OTHER : _____                                   |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |          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| <input type="checkbox"/> Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/> Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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